# COMMONWEALTH OF KENTUCKY TREY GRAYSON SECRETARY OF STATE



## **APPLICATION FOR RESERVED NAME**

Pursuant to the provisions of KRS Chapter 271B, 273, 275 or 362, the undersigned hereby applies to reserve a name and for that purpose submits the following statements:

1			
is the proposed name to be reserved  as a corporate name (KRS 271B or KRS 273)  as a limited liability company name (KRS 275)  as a limited partnership name (KRS 362)			
for a non-renewable period of one h	undred and twenty (120) days.		
2. The name and address of the applica	ant is		
	(Type or print applicant's name)		
	(Type or print applicant's address)		
City		State	Zip Code
		Signature	
		Print or type name and title, if applicable	
	Date:		20

### **Application for Reserved Name Filing Instructions**

#### TYPE OF PROPOSED NAME

The applicant must indicate if the proposed name to be reserved is a corporate name, a limited liability company name or a limited partnership name by checking the appropriate box.

A corporate name must contain the word "corporation," "incorporated," "company," or "limited," or an abbreviation thereof.

A limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviations "LLC" or "LC". The word "limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co."

A limited partnership name must contain the word "Limited" or its abbreviation "Ltd."

#### WHO MAY SIGN

The individual applicant must sign the application for reserved name.

- If the applicant is a corporation, an officer or the chairman of the board of directors must sign on behalf of the corporation.
- If the applicant is a limited liability company and management of the company is vested in one or more managers, a
  manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a
  member must sign.
- If the applicant is a limited partnership, a general partner must sign on behalf of the limited partnership.

If the applicant is a business entity, the person executing the application on behalf of the business entity must designate his or her title or the capacity in which he or she signs.

#### NUMBER OF COPIES

Submit one originally signed and one exact or conformed copy. (May be a photocopy) One file-stamped copy will be returned to the applicant as evidence of filing.

#### **FILING FEE**

The filing fee is \$15.00.

Your check should be made payable to the "Kentucky State Treasurer".

## **MAILING ADDRESS**

Trey Grayson Secretary of State P O Box 718 Frankfort, KY 40602-0718

## **OFFICE LOCATION**

Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601

#### **WEB SITE ADDRESS**

Our home page address is: //www.sos.state.ky.us

Click on "On Line Business Database" for information on status of all business entities in Kentucky. Forms are also available on our web site.

For name availability, call (502) 564-2848, press 2, and then press 1.

For further information, call (502) 564-2848, press 2 and then press 1 or try our web site.

**NOTE:** If the name applied for is available, the Secretary of State will reserve the name for the applicant's exclusive use for a nonrenewable one hundred and twenty-day period.